## CITY OF NORMAN AQUATICS PROGRAM QUESTIONNAIRE

Name:							
Explain previous experience as a lifeguard and/or swim instructor.							
<b>Type of Employment</b>	Location		Dates		Salary		
					•		
What current lifeguarding, water safety instructor, C.P.R. or first aid certifications do you hold? List authorizing organization, i.e. American Red Cross, including WSI, AFO, or CPO certifications.							
Type of Certification		<b>Authorizing Organization</b>		<b>Expiration Date</b>			
What expired certifications do you hold?							
Type of Certification		<b>Authorizing Organization</b>		<b>Expiration Date</b>			
Explain your experience as a swim instructor. List the specific levels taught.							
Please check if you have experience in the following aquatic teaching.							
Infants wit	ype th Pa ith F	of Certification arent (6 - 24 mo Parent (2 - 3 yea - 4 Years)	onths)				

Adult Swimm	or Synchronized Swimming	fication:
Do you plan to attend summe	r school? A.M. or P.M. Cla	sses?
Because the swimming faci of the week along with rental availability to work.		a.m. until 8:00 p.m. every day 00 p.m. list your hours of
Please list any concurrent em	ployment during the upcomi	ng season.
All arrangements for days	off other than scheduled will be based on availab	I, and ends September, 2021. I non-working days must be ility of staff. Do you have any , Please explain.
Certification completion or certifications required for to necessary education and ceinformation below. We will recertification's. Training	the job application, but do rtification prior to May, 20 Il set all trainings for life	intend to receive the 021, complete the
Course Name	Course Dates	<b>Course Location</b>

## EQUAL OPPORTUNITY EMPLOYER